Division of Health Care Facilities

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED						
		TNOOO	B. WING		07/0					
		TN2802	2, 11110		1 0770	2/2021				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE										
AHC MEADOWBROOK 1245 E COLLEGE ST PULASKI, TN 38478										
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ETIVE ACTION SHOULD BE NCED TO THE APPROPRIATE					
{N 000}	conducted by the St of Health Division of Regulations Office of 7/2/2021. During thi Survey, AHC Meads substantial compliant the Tennessee Rule 1200-08-06, Standa	ords for Nursing Homes, and etion Association (NFPA) 101	{N 000}							

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 - MAIN BUILDING 01 B WING TN2802 06/09/2021

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

AHC MEADOWBROOK

1245 E COLLEGE ST

AHC MEADOWBROOK PULASKI, TN 38478					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 000	Initial Comments	N 000			
	Stories: 1 Construction Type: NFPA, III (200); IBC, III unprotected Limited plans available on site Constructed: 1970s Sprinklered: Yes A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulations Office of Health Care Facilities on 6/7/2021. During this Life Safety Code Survey, AHC Meadowbrook was found not in substantial compliance with the requirements of the Tennessee Rules and Regulations 1200-08-06, Standards for Nursing Homes, and National Fire Protection Association (NFPA) 101 Life Safety (2012 Edition).				
N 831	1200-8-608 (1) Building Standards	N 831			
	(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.				
	This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the physical plant and the overall nursing home environment.				
	The findings included:				
	Observation on 6/7/2021 at 1:00 PM, revealed unsealed penetrations in the following locations:				

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

Division of Health Care Facilities (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A BUILDING: 01 - MAIN BUILDING 01 B. WING 06/09/2021 TN2802 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1245 E COLLEGE ST AHC MEADOWBROOK PULASKI, TN 38478 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) N 831 N 831 | Continued From page 1 1.Administrator contacted IT department to assist Data closet inside Social Services office with correcting penetration concerns. a.(1)-NM electrical cable (ceiling) 2. The data/telephone room was the only area b.(18+)- low voltage cables (ceiling) affected by this deficient practice. National Fire Protection Association, NFPA 101, 3. After area is properly sealed Maintenance Director will inspect for proper seal. 8.3.5 (2012 Ed.), NFPA 101,8.3.5.1(2012 Ed.) 4. Maintenance Director will audit the affected area weekly for 4 weeks then monthly for 2 The Maintenance Director was present when months to maintain compliance. these findings were identified, and it was acknowledged by the Administrator during the exit conference on 6/7/2021. All results of audits will be brought to the QAPI Committee which consists of the DON, Administrator, Medical Director and ICP. Any concerns will be addressed immediately, and any trends will be 15: 25: 15 discussed.